

CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/	/				
2		/				
3		/				
4		/				
5		/				
6		/				
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46						
47						
48						
49						
50						
Total Indep.	2					
Total Depend.	12					
Total Claims	14					

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep.						
Total Depend.						
Total Claims						

Best Available Copy